Catholic Charities of Northeast Kansas Pregnancy Maintenance Initiative Client Satisfaction Survey

Αį	ency Name:
A	ency City:
	w did you learn about these services? Friend/Relative
M 	eck the services that you received as a result of your participation with the Pregna intenance Initiative/Case Management. Prenatal Medical Care
	w long did you wait for your first visit with the PMI case manager? ess than 1 week
CC	d you have problems getting to the services (e.g., transportation, appointments inflicted with work schedule or school, child care)? No □ Yes Describe the problem:
	ere the days and times for services good for you? No Yes What days would have been better for you?
m 	the average, how long did you have to wait before you were seen by the case inager or other staff at this agency: ess than 15 minutes

9.	During your visits: Did the case manager carefully listen to you? Did service providers carefully listen to you? Do you feel you participated in the goal planning? Were things explained in a way you could understa			□ No
	If you checked "no" to any of the above, please exp	plain:		
10.	Did you feel you were fully informed of: Available services to continue your pregnancy? Location of services? Requirements of services? Length of services during pregnancy and after?	□ Yes □ Yes □ Yes □ Yes		
11.	If these services had been unavailable, what would pregnancy and other needs?			ation to you
12.	Would you recommend these services to a friend of	or relative?	□ Yes	s 🗆 No
13.		25-29 55 or older		
14.	What is your race? □ White □ Black or African American □ Ame □ Asian □ Native Hawaiian/Pacific Islander □ O	erican Indian/ other	ʿAlaskan N	Native
15.	Do you consider yourself to be of Hispanic origin?	□ Yes	s 🗆 No)